

<b>Case Number:</b>	CM14-0056788		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who was reportedly injured on November 6, 2013. The mechanism of injury is noted as repetitive motion. The most recent progress note dated June 17, 2014, indicates that there are ongoing complaints of neck pain and bilateral shoulder pain. The physical examination demonstrated a positive bilateral impingement test of the shoulders there was tenderness over the acromioclavicular joint and core cord process, bicipital groove, deltoid bursa, and glenohumeral joint. There was decreased range of motion of the left shoulder with abduction and forward flexion limited to 90. The examination of the cervical spine revealed tenderness from C2-C7 and along the associated paraspinal muscles. There was a positive Spurling's test bilaterally and a positive cervical spine compression test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right shoulder rotator cuff repair. A request was made for a functional capacity evaluation and was determined not medically necessary in the pre-authorization process on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back - lumbar and thoracic, functional improvement measures, updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines functional improvement measures are recommended over the course of treatment to demonstrate progress in return to functionality and to justify further use of ongoing treatment methods. According to the most recent progress note dated June 17, 2014, the provider already has plans for ongoing treatment methods to include nerve conduction studies and x-rays of the cervical spine. Considering this, the request for a functional capacity evaluation is not medically necessary at this time.